



45 Main Street, Suite 309, Department #268, Brooklyn, NY 11201  
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### Cambridge Total Merchant Solutions Application Form S-3

Please fill out the following information and sign on page two. We will also need your three latest complete credit card processing statements, and your three latest complete bank statements, or alternatively 6 of the latest complete bank statements.

Do you currently have a POS System? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the software that you currently use: \_\_\_\_\_

Is Payroll currently done in house? Yes \_\_\_\_\_ No \_\_\_\_\_

• **Employee Payroll Data:**

- Number of employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
- Type of pay period: Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Other \_\_\_\_\_
- Gross Monthly Payroll: \$ \_\_\_\_\_  
(please breakdown payroll and number of employee's by state and w/c code)
- Current Administration Costs: \_\_\_\_\_

• **State Unemployment Data (SUTA)**

- Current Rate(s) \_\_\_\_\_%
- Provide a copy of your SUTA page
  - If you have locations in more than one state a SUTA page for each state will need to be provided

• **Workers' Compensation Data**

- Provide a copy of your Declaration page  
(Shows class codes, rates, annual payroll per class code & mod factor)
- 4 years of detailed injury loss runs or OSHA log for current year and prior year
- If currently with a PEO, please provide a copy of your w/c certificate

Workers comp code	# of employees per code	Annual Wages per code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

• **Employee Health Benefits Data**

- Copy of your current billing statement
- Copy of your coverage/benefits sheets
- Employee census for all employees on insurance
- Do the employees pay for part of their insurance? Yes No
- How much per month? \_\_\_\_\_

• **Current Benefits Information**

- Current Health Plan: \_\_\_\_\_ Co-pay: \_\_\_\_\_
- Current Dental Plan: \_\_\_\_\_ Co-pay: \_\_\_\_\_
- Current Vision Plan: \_\_\_\_\_ Co-pay: \_\_\_\_\_
- Prescription Plan: \_\_\_\_\_ Co-pay: \_\_\_\_\_
- Probationary Period for New Hires: \_\_\_\_\_